



PTO/SB/21 (12-97)

Approved for use through 9/30/00. OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | |
|------------------------|----------------------|
| Application Number | 09/512,621 |
| Filing Date | February 25, 2000 |
| In re Application of: | Harlan SEXTON et al. |
| Group Art Unit | 2126 |
| Examiner Name | Ho, T. |
| Attorney Docket Number | 50277-0258 |
| Client Docket Number | OID-1997-048-14 |

Total Number of Pages in This Submission

25

ENCLOSURES (check all that apply)

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers (for an Application) | <input type="checkbox"/> After Allowance Communication to Group |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment / Response | <input type="checkbox"/> Licensing-related Papers | <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> To Convert a Provisional Application | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Additional Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Small Entity Statement | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Request of Refund | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | Remarks | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|-------------------------------|--|
| Firm or Individual name | DITHAVONG & CARLSON, P.C. Margo Livesay, Ph.D., Reg. No. 41,946 |
| Signature | Margo Livesay |
| Date | May 2, 2005 |

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Alexandria, VA 22313-1450 on this date:

| | | | |
|----------------------|----------------|------|-------------|
| Type or printed name | Linda V. Wiley | Date | May 2, 2005 |
| Signature | | | |

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PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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| | | | |
|--|--|--------------------------|-------------------|
| <p>Effective on 12/8/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <h1>FEE TRANSMITTAL</h1> <h2>For FY 2005</h2> <p><input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27</p> <p>TOTAL AMOUNT OF PAYMENT (\$) 620.00</p> | | Complete if Known | |
| | | Application Number | 09/512,621 |
| | | Filing Date | February 25, 2000 |
| | | First Named Inventor | Sexton, et al. |
| | | Examiner Name | Ho, T. |
| | | Art Unit | 2126 |
| | | Attorney Docket No. | 50277-0258 |

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charges fee(s) indicated below, except for the filing fee

☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|--------------|----------|--------------|----------|------------------|----------|----------------|
| | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Small Entity | Fee (\$) | Fee (\$) |
|---|--------------|----------|----------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | | 50 | 25 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | | 200 | 100 |
| Multiple dependent claims | | 360 | 180 |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|--|--------------|-----------|---------------|---------------------------|----------|---------------|
| 21 | - 21 = 0 | x \$50.00 | = | | | |
| HP = highest number of total claims paid for, if greater than 20 | | | | | \$360.00 | |

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|------------|---------------|
| 5 | - 5 = 0 | x \$200.00 | = |

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|------------|---------------|
| 0 | - 100 = 0 | / 50 = 0 (round up to a whole number) | x \$250.00 | = \$ 0.00 |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Filing a brief in support of an appeal

Extension for response within first month

\$500.00
\$120.00

| | | | |
|---------------------|----------------------|-----------------------------------|--------------|
| SUBMITTED BY | | | |
| Signature | <i>Margo Livesay</i> | Registration No. (Attorney/Agent) | 41,946 |
| Name (Print/Type) | Margo Livesay, Ph.D. | Telephone | 703-425-8516 |
| | | Date | May 2, 2005 |